

P.O. Box 305025 Montgomery, Alabama 36130-5025

STATE OF ALABAMA BOARD OF HEATING, AIR CONDITIONING & REFRIGERATION CONTRACTORS

Phone: (334) 242-5550 Fax: (334) 242-5555 www.hacr.alabama.gov

VERIFICATION OF LICENSE AND STATEMENT OF GOOD STANDING

Reciprocity applicant completes Section A and sends to <u>each</u> in which you hold, or have ever held, a license. You may duplicate this form as needed.

SECTION A: IDENTIFYING AND CONTACT INFORMATION - All applicants complete this section. MI First Last 2. Address: _____ Street City State Zip Code 3. Home Phone: 4. Home Phone: 5. Cell Phone: 6. Licensing State: _______ 7. License Number ______ State Board office complete Section B and return to contractor or Alabama HACR Board at address above. SECTION B: LICENSURE VERIFICATION 1. Name of Licensing Agency: _____ 2. Address: Street State Zip Code 3. The above name applicant licensed to practice as a (formal license title) ______ in the State of ______. 4. Applicant License Number: _______ 5. Original Issue Date: _____ 6. Expiration Date: _______ 7. Exam Type (Block, PSI, Etc.): ______ 8. Exam Score: _____ Exam Date: _____ 9. Has any disciplinary action been taken against this license, or are any unresolved disciplinary actions or complaints pending against this applicant? (Circle one) Yes or No Signature of Agency Representative Date

BOARD SEAL

Name and Title (please print)